



ARIZONA STATE RETIREMENT SYSTEM (ASRS)
APPLICATION TO TRANSFER RETIREMENT
SERVICE CREDITS AND DOLLARS

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS - Finance
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
TTY (602) 240-5333
Fax (602) 240-5340

Disclosure of your social security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use social security numbers only to collect and retrieve information about an individual's ASRS account and to make returns and reports to the Internal Revenue Service about distributions and withholdings respecting the individual's account.

| | | | |
|--|-------|---|--------------------------|
| Social Security Number | | Member Name (Last, First, Middle) | |
| Mailing Address | | Daytime Telephone Number () | |
| City | State | ZIP | Date of Birth (MM/DD/YY) |
| Date of Termination with Former Retirement Plan (MM/DD/YY) | | Date of Employment with the Employer of the ASRS (MM/DD/YY) | |

I would like to request transfer of my existing service credits and dollars from the following retirement plan/system
(check only one):

| | |
|--------------------------|--|
| <input type="checkbox"/> | The City of Phoenix Retirement Plan (COPERS) to the ASRS |
| <input type="checkbox"/> | The City of Tucson Retirement Plan (TSRS) to the ASRS |
| <input type="checkbox"/> | The Elected Officials Retirement Plan (EORP) to the ASRS |
| <input type="checkbox"/> | The Correctional Services Officer Retirement Plan (CORP) to the ASRS |
| <input type="checkbox"/> | The Public Safety Retirement Plan (PSRP) to the ASRS |

| | |
|------------------|------|
| Member Signature | Date |
|------------------|------|

